



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION

3315 West Truman Blvd.
P.O. Box 58
Jefferson City, MO 65102-0058

**REQUEST FOR HEARING –
FINAL AWARD**

Note: This form must be completed in its entirety and must be typed or hand printed in black ink.

3. Employee		4. Attorney for Employee	1. Injury No.
			2. Date of Injury
7. Employer(s)/Insurer(s)		8. Attorney for Employer/Insurer	5. Case Venue
			6. Party Requesting the Hearing
9. Second Injury Fund Involved <input type="checkbox"/> Yes <input type="checkbox"/> No		10. Attorney for Second Injury Fund	

11. Please state all issues to be resolved by hearing.

11a. The party requesting the hearing has conferred with all attorneys of record, whose names are listed here, regarding disputed issues and listed them above.

12. Has all necessary discovery been completed? ☐ Yes ☐ No 12a. Are parties prepared to present their evidence at hearing? ☐ Yes ☐ No
(The administrative law judge will consider a hearing request upon completion of discovery and parties' preparedness to present evidence at hearing.)

13. The party requesting the hearing has conferred with the other attorney of record and estimates the hearing will last approximately _____ hour(s).

14. The party requesting the hearing has contacted the appropriate docket clerk regarding available dates and has made a good faith effort to discuss these available dates with the other attorneys of record. Based on this information, the following dates, in order of preference, are requested for a hearing. For cases under the jurisdiction of the St. Louis and Kansas City offices, do not contact the docket clerk.

Please Note

Any party that objects to a hearing request must file a written objection within ten (10) days after the request for hearing is filed. If no objections are received and if no date has otherwise been determined, the docket clerk will schedule the hearing on the next available date. If objections are filed, the administrative law judge will review the objections and may schedule a conference call with parties prior to setting the case; may schedule a docket setting prior to setting the case; or determine the request for setting is premature and take such action as the administrative law judge deems necessary prior to setting the case. The administrative law judge's determination as to the request for setting shall be made within twenty (20) working days of the receipt of the request at the local adjudication office having venue over the case.

CERTIFICATE OF SERVICE

I, the undersigned, certify that, to the best of my knowledge, information and belief, the information set forth in this Request for Hearing – Final Award is true and accurate, and I further certify that a copy of this Request for Hearing – Final Award has been mailed or hand-delivered to all attorneys and/or parties of record this _____ day of _____, 20____.

Attorney's signature _____
Bar Number _____ Date _____
Attorney's Name (Printed) _____
Address _____
Telephone Number _____

DIVISION USE ONLY

COMPLETED BY DIVISION OF WORKERS' COMPENSATION

Approved _____ Denied _____
By _____ Date _____

Please visit our web site at www.dolir.mo.gov/wc if you have any questions about your rights or benefits under the Workers' Compensation Law.
Keep a copy for your records.